

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44562
5756

Registration District No.

147

Primary Registration District No.

1002

Registrar's No.

5756

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL NO 2		Length of stay in lb 35YRS	
3. NAME OF DECEASED (Type or print) First ISAAC Middle REDMOND Last REDMOND		4. DATE OF DEATH Month 12 Day 4 Year 57	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 26, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) houseman		11. BIRTHPLACE (City and state or country) Patterson, Tenn.	
13a. FATHER'S NAME John Redmond		13b. MOTHER'S MAIDEN NAME Robertine Shannon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT Emma Redmond		Address 1615 Benton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Compound comminuted stellate Fracture of Skull. DUE TO (c) Fall from Ladder PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fall from Ladder			INTERVAL BETWEEN ONSET AND DEATH 8.9010
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Don't Know	
20c. TIME OF INJURY 12:45 p.m.		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5160 Sunset Drive		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. J. M. Tillman		22b. ADDRESS 1618 Lydia Ave	
22c. DATE SIGNED 12/5/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-9-57	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Watkins Bros. K-C-Mo.		25. DATE RECD. BY LOCAL REG. 12-5-57	
26. REGISTRAR'S SIGNATURE Neve Marshall			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. *All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 1500 Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.